# WHAT YOU TOLD US

## Reducing Tobacco Use

A Report from Manitobans

June 2000

**Partners to Reduce Tobacco Use in Manitoba:**

- The Alliance for the Prevention of Chronic Disease
  - Canadian Cancer Society, Manitoba Division
  - Canadian Diabetes Association, Manitoba Division
  - Heart and Stroke Foundation of Manitoba
  - Manitoba Lung Association
  - The Kidney Foundation of Canada, Manitoba Branch
  - The Manitoba Cancer Treatment and Research Foundation
- The Council for a Tobacco-Free Manitoba Division
- Manitoba Health

A report prepared by Northern Lights, Meeting & Convention Planners Inc.

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## Introduction

In February and March of 2000, three regional meetings were held in Manitoba pertaining to a document titled Reducing Tobacco Use: A Discussion Paper for Manitobans. The paper was prepared by a working group with membership from the Canadian Cancer Society (Manitoba Division), the Alliance for the Prevention of Chronic Disease, the Council for a Tobacco-Free Manitoba and Manitoba Health. The Discussion Paper was intended to launch a discussion on a comprehensive approach to tobacco control in Manitoba. The regional meetings were held for feedback on the ideas put forth in the discussion paper, recommendations on priority setting and input on the development of a community based action plan.

This report is a follow-up to the discussion paper and records the outcomes of the regional meetings. It is being circulated to those who attended.

## Goals of a Comprehensive Tobacco Control Approach

The Discussion Paper identifies four goals of a comprehensive tobacco control approach:

- Prevention of tobacco use - to prevent young people from starting to use tobacco and reduce their access to tobacco,
- Protection from exposure - to protect non-smokers' health and rights,
- Cessation of tobacco use - to assist smokers with cessation, and
- Industry accountability - to hold the industry accountable for its business practices and the damages that result from the use of its products.

The Discussion Paper emphasizes that to be comprehensive, tobacco control must include action on all of the following categories of initiatives:

- Policy & Legislation - initiatives that target people in workplaces, schools and public places, and the enforcement of such policy and legislation,
- Industry Accountability - initiatives that monitor industry advertising and sponsorship, and hold the industry acccountable for damages that result from the use of its products,
- Programs & Services - initiatives that focus on prevention, cessation, protection of non-smokers; the appropriate resources and demonstration projects,
- Media & Communication - initiatives that establish Quitlines and workplace campaigns, and provide the necessary networking opportunities, and
- Evaluation & Research - initiatives that evaluate existing projects and legislation, and survey different groups to monitor tobacco consumption, prevalence trends and public attitudes towards smoking and tobacco control initiatives.

The Discussion Paper includes 72 potential initiatives and sub-initiatives for consideration. The objective of the regional meetings was to identify priority initiatives supported by stake-holders in the Province and to begin generating strategies to act on the priority initiatives.

## Process

A broad-based invitation list was developed to promote participation from a variety of sectors including health, education, municipalities, pharmaceutical organizations and NGOs. To facilitate regional participation, separate meetings were held in Winnipeg, Brandon and The Pas (participant list- Appendix 1). A total of 70 people attended the three meetings.

Prior to the meetings, a survey (Appendix 2) was circulated to invitees for preliminary feedback on the initiatives covered in the discussion paper. Stakeholders planning to attend the regional meetings were asked to select the initiatives they thought most important in each of the categories of policy, legislation, industry accountability, programs and services, media and communications, research and evaluation. More than fifty percent of attendees completed the survey.

Initiatives presented for discussion at the regional meetings were selected using the survey results. Specifically, if at least 25% of the survey respondents chose a particular initiative as a priority, it was brought forward to the regional meetings.

The format of the meetings was small discussion groups with reporting back to the plenary group. Priorities were identified first, followed by brainstorming discussion on strategies to achieve the priorities. (Agendas for the meetings in each location attached as Appendix 3). In selecting priorities, participants were referred to the following criteria:

- **Which initiatives will have the greatest impact in reducing tobacco use?**
- **Which initiatives do you think are "deliverable"? What can we reasonably expect to accomplish in the current milieu?**
- **Which initiatives are timely to act on now?**

In discussing strategies to act on the priorities, participants were asked to consider:

- **What actions can be taken to achieve the priority initiatives?**
- **Who should take the lead?**
- **What can I/my organization do?**
- **What resources are available/needed? What are the gaps?**

## Priority Initiatives

There was strong consistency among the regions on priorities. The initiatives reported below were selected as one of the top three priorities in the noted category at one or more of the three regional meetings. The chart indicates which tobacco control goals are addressed by the priority initiatives

### COMPREHENSIVE TOBACCO CONTROL STRATEGY

| STRATEGY COMPONENTS AND PRIORITY INITIATIVES | TOBACCO CONTROL GOALS | | | |
|---|---|---|---|---|
| | PREVENTION | PROTECTION | CESSATION | INDUSTRY |
| **POLICY** | | | | |
| 1. Provide funding incentives to regions and municipalities to develop, implement and enforce by-laws regulating smoking in public places, and restricting youth access to tobacco products. | X | X | | |
| 2. Identify a provincial coordinating body or resource group to assist Regional Health Authorities in developing effective tobacco control strategies. | X | X | X | |
| 3. Create a price policy on tobacco to reduce teen consumption. | X | | X | |
| **LEGISLATION** | | | | |
| 4. Ban smoking in all public places and workplaces. | X | X | X | |
| 5. Make it illegal for minors to purchase tobacco products and attach fines for such convicted offences. | X | | X | |
| 6. Prohibit tobacco sales in hospitals, pharmacies, health facilities, government buildings, places prescribed by regulation. | X | X | X | |
| 7. Adopt legislation that permits litigations against tobacco companies for financial compensation. | | | | X |
| 8. Require the Minister of Health to prepare an annual report on the Manitoba government's tobacco control strategies/activities. | X | X | X | X |
| **INDUSTRY ACCOUNTABILITY** | | | | |
| 9. Charge tobacco manufacturers an annual licencing fee to cover the cost of the tobacco strategies. | X | X | X | X |
| 10. Establish regulatory authority over advertising, promotions, sponsorships, constituent reporting and product control. | | | | X |
| 11. Require tobacco manufacturers and distributors to file reports on sales volumes, marketing expenditures, marketing activities and studies, other research studies, product ingredients and emissions and lists of retailers. | | | | X |

## COMPREHENSIVE TOBACCO CONTROL STRATEGY (cont.)

| | PREVENTION | PROTECTION | CESSATION | INDUSTRY |
|---|---|---|---|---|
| **PROGRAMS AND SERVICES** | | | | |
| 12. Ensure effective program implementation by:<br>· Promoting actively tobacco use prevention programs<br>· Training properly appropriate health and education professionals and/or community people professionals<br>· Ensuring sufficient and appropriate resources<br>· Ensuring sufficient time in existing school curricula | X | X | X | |
| 13. Offer Community Grants to regions/communities to support the development, delivery, and evaluation of school-based and community-based approaches to tobacco control. | X | X | X | |
| 14. Ensure that school-based tobacco programs fit under a comprehensive school health umbrella, addressing curricula instruction, support services for schools, students and families, social support, and a healthy environment. | X | | X | |
| 15. Develop culturally appropriate prevention and cessation programs for communities by community groups. | X | | X | |
| 16. Offer effective cessation programs in schools, workplaces and communities for students, employees and the general public. | | | X | |
| **MEDIA AND COMMUNICATIONS** | | | | |
| 17. Use the mass media to market tobacco prevention and cessation programs, and engage in an education campaign to discourage smoking. | X | X | X | |
| 18. Provide support networks and communication links for all stakeholders and communities which increase capacity-building of a sustainable nature. | X | X | X | |
| 19. Conduct media campaigns regularly targeting priority groups on prevention, protection and cessation. | X | X | X | |
| 20. Encourage families to have smoke-free homes. | X | X | X | |
| **EVALUATION AND RESEARCH** | | | | |
| 21. Conduct research to establish baselines to monitor:<br>· Youth attitudes and behaviours related to tobacco use<br>· Public awareness about tobacco and laws regulating smoking<br>· Enforcement of legislation provincially<br>· Effectiveness of prevention and cessation programs<br>· Health care workers counselling of patients on cessation<br>· All municipalities in Manitoba to assess existing legislation to regulate smoking and its enforcement<br>· Effectiveness of protective measures (ie. legislation) | X | X | X | |
| 22. Develop evaluation frameworks for both process and outcome evaluations at the provincial, regional and community levels. | X | X | X | |
| 23. Establish a set of standardized measures by which tobacco control programs and services may be monitored and evaluated. | X | X | X | |

# STRATEGIES TO ACHIEVE PRIORITY INITIATIVES

## 1. GENERAL STRATEGIES

The discussion on strategies to achieve priority initiatives led to some recommendations that applied across several of the initiatives and components in a comprehensive tobacco control strategy. They are summarized below.

### 1.1 COORDINATING BODY

Most important was the recognition that there needs to be a champion for tobacco control. There was unanimous support for the formation of a body that would serve as the ongoing catalyst and coordinator for a comprehensive provincial tobacco control strategy. Simply put, "Nobody is in charge of tobacco. Tobacco fits everywhere but it's not designated to anyone."

The coordinating body must be a Province-wide coalition of organizations and institutions from the private sector, not-for-profit organizations, government, major unions along with grassroots participants, including youth. Health, recreation, education, insurance and pharmaceutical organizations potentially could be involved. Regional Health Authorities must be encouraged to assume their mandated leadership role in prevention, and to form partnerships with key stakeholders.

The first responsibility of the coordinating body would be to prepare a mission and goals, followed by a business plan with specific commitments. At each regional level, a comprehensive planning process is necessary to determine what is now being done, an inventory of available services and a plan to address the gaps, based on regional needs and priorities.

### 1.2 FUNDING

To be effective, a comprehensive tobacco control strategy must be backed by sustained funding. Concerns were expressed that there have been effective programs in the past that have been discontinued because funding has disappeared. Funding must reflect the needs of different regions (eg. available resources, region demographics, cost of delivery of strategies).

Examples of strategies and functions which need to be resourced include:

- **Development, implementation and enforcement of appropriate by-laws.**
- **Completion of base research, information scans and surveys**
- **Provision of human resources, eg. general administrative support for the coordinating body, specific expertise on a project by project basis, as well as program delivery personnel at the school and community level**
- **Development of communication campaigns and networks**
- **Evaluation of processes and programs.**

Base funding could be provided by a group of organizations that would pursue matching funds from other organizations such as government, WCB and/or insurance companies. The business plan needs to be shared with all funding organizations so they understand what they're being asked to fund. At the same time, there can also be an identification of what can be done with existing resources, including the potential arising from a number of organizations pooling their limited resources. At one meeting, a thought-provoking question was raised - "If we identified a limited number of strategic initiatives, funded them properly and worked on them for three years, what impact could we have, could we make a difference?"

### 1.3 RESEARCH

A number of the strategies start with research, for example:

- conducting research on the true costs of tobacco use and the reduction in health care costs possible over the long term through tobacco reduction
- survey of public attitudes towards banning smoking.

In others cases, it is simply a matter of becoming informed on what has transpired in other locations and taking advantage of links with national and international organizations. It is important to learn from the success (and failures) of others, and to know of factors that may be barriers to success. For example, the success of a price policy will be affected by pricing in surrounding jurisdictions. It is important to know the tobacco control strategies that have been employed elsewhere and whether these programs, media campaigns, or policy and legislation, approaches can be adapted to the local situation. Some examples include:

- Comparison of Manitoba legislation and by-laws to those in other jurisdictions concerning smoking in public places and workplaces - Toronto and B.C. were offered as examples of locations with more advanced tobacco regulation.
- Identifying existing regulatory authority and controls over tobacco industry marketing, reporting and product control at both the federal and provincial levels.
- Developing a resource of evaluated programs in prevention and cessation that meet the criteria of best practices for the purpose of providing a life-span approach to tobacco reduction.
- Tapping into effective media campaigns from elsewhere

Once an information base has been developed, there is a need for the establishment of province-wide communication networks for the purposes of sharing this information.

### 1.4 COMMUNICATION

A communications strategy should specify goals, target audience, appropriate messages and media to be used. Systematic media campaigns for targeted purposes need to be developed that are reflective of regional differences. There should be a core message on the need for tobacco control which is positive, consistent and unified. The emphasis must shift from "restricting the rights of smokers" to "protecting the health of non-smokers". The coordinating body must have a proactive position that is supported and communicated by all stakeholders.

Decision-makers need to be identified and targeted - for example, with the strategy of a price policy on tobacco to reduce teen use, both the health and finance departments need to be convinced that increasing price will have the desired result.

Communicating the message can have greater impact if "movers and shakers" are involved - political leaders, community groups and other supporters that will be champions for tobacco control. Community action campaigns should be developed which attract media attention, eg. the concept of charging tobacco manufacturers an annual levy requires a strong lobby to build support. Policy changes are more likely to occur if decision-makers hear the same message repeatedly, and know it is backed by facts and supported by the general public.

It is important that any province-wide communication effort be carefully coordinated, with local input and a local spokesperson. A coordinated effort requires ongoing contact among all spokespersons to keep local and other contacts current on initiatives and activities.

## 2. SPECIFIC STRATEGIES

In addition to the general recommendations, specific strategies were discussed for many of the priority initiatives. Due to time limitations, participant groups were assigned different categories, and in most cases were only able to discuss the top priority initiative in that category. Nonetheless, some excellent recommendations were put forth and are outlined in Appendix 4. In some cases, participants observed considerable overlap between initiatives and suggested that one could encompass another. Recommendations on improvements to wording are also noted.

There was one initiative that was identified as a top priority at each regional meeting and in the survey - **"banning smoking in all public places and workplaces"**. Because of its relative importance, it generated the most discussion of any initiative and is addressed in more detail in this report.

In terms of a strategy to achieve a smoking ban, stakeholders recommended examination of existing workers compensation, municipal and provincial legislation as it pertains to smoking, and then comparison with what exists in other jurisdictions. There was a concern that not enough is being done to enforce current by-laws. Some jurisdictions have policies promoting "quality of life," and "allowing smoking" should be challenged as being contrary to the "quality of life" of the majority. Legislation banning smoking could be expanded by increasing the restricted areas, on an incremental basis and over an extended time frame.

Like many of the initiatives, a strategy to ban smoking in public places will require the focussed effort of a central coordinating body that will take a lead role in developing supporting information and a targeted communications campaign. A survey of public attitudes towards a smoking ban should be conducted and the results widely disseminated.

At the community level, it is possible for stakeholders to fulfill a coordinating role and proactively communicate with local decision makers. Stakeholders in a leadership role must be well versed on the issues, raising local awareness and creating a sense of urgency on the need for change.

## NEXT STEPS

The Working Group would like to thank everyone who committed their time and expertise in recommending priorities for a comprehensive tobacco control strategy. The Working Group will be requesting a meeting with the Minister of Health to advance the recommendations, and propose an implementation plan. Central to the plan will be the need for a coordinating body, recognizing that many of the strategies proposed need the leadership that such a body can offer.

In the meantime, there are other initiatives and strategies which you can begin to act on today. We urge you to review the priority initiatives and again ask "what can I/my organization do to assist in implementing these initiatives?" The need for tobacco control "champions" was recognized at all the regional meetings. You and your organization have taken a first step in being a "champion" by participating in "Working Together for Tobacco Reduction." Your continuing commitment is even more important if we are to be successful in reducing the significant health, economic and social burdens caused by tobacco use in Manitoba.

## Appendix 1

**Working Together for Tobacco Reduction**

**Regional Meeting Attendance** - February 16, 23 and March 1, 2000

| Place | Title | First Name | Last Name | Company | JobTitles |
|---|---|---|---|---|---|
| Wpg. | Ms. | Beth | Scott | Aboriginal/Child Health Strategist | Director |
| Wpg. | Mr. | Barry | Fogg | Addictions Foundation of Manitoba | |
| Wpg | Mr. | Ken | Kyle | Canadian Cancer Society | Director of Public Issues |
| Wpg | Mr. | Mark | McDonald | Canadian Cancer Society, Manitoba Division | Executive Director |
| Wpg. | Mr. | Sheldon | Hiltz | Central RHA | Exec. Director, Community Services |
| Wpg. | Ms. | Mary | Smith | Central RHA | Director of Public Health |
| Wpg. | Ms. | Joanne | St. Vincent | Centre youville | |
| Wpg. | Ms. | Margo | Thomas | Children & Youth Secretariat | Policy & Programme Consultant |
| Wpg. | Ms. | Karen | Beck | City of Winnipeg | |
| Wpg. | Ms. | Gwen | Howe | City of Winnipeg Community Services Dept. | Epidemiology & Surveillance System Coordinator |
| Wpg. | Dr. | Garey | Mazowita | College of Family Physicians of Canada, Manitoba Chapter | |
| Wpg. | Coun. | Mark | Lubosch | Councillor's Office | City of Winnipeg |
| Wpg. | Ms. | Vicki | Toews | Culture, Heritage & Citizenship | Policy Analyst, Status of Women |
| Wpg. | Dr. | Shirley | Gelskey | Faculty of Dentistry, University of Manitoba | Acting Head of Dental Diagnostics & Surgical Sciences |
| Wpg. | Dr. | Dexter | Harvey | Faculty of Education, U of M Campus | Manitoba Heart Help Project |
| Wpg. | Mr. | Bob | Rauscher | Glaxo Wellcome | |
| Wpg. | Mrs. | Debbie | Brown | Heart & Stroke Foundation of Manitoba | A/Chief Operating Officer |
| Wpg. | Ms. | Arlene | Draffin Jones | Heart & Stroke Foundation of Manitoba | Advocacy Manager |
| Wpg. | Ms. | Sharon | Brown | Interlake RHA | Public Health Nurse |
| Wpg. | Ms. | Judy | McKinnon | Interlake RHA | |
| Wpg. | Mr. | Doug | McGiffin | Manitoba Association of School Trustees | |
| Wpg. | Dr. | Brent | Schacter | Manitoba Cancer Care | |
| Wpg. | Ms. | Marilyn | Valgardson | Manitoba Child Care Association | |
| Wpg. | Ms. | Lorraine | Dacombe Dewar | Manitoba Health | |
| Wpg. | Dr. | Greg | Hammond | Manitoba Health | Director, Public Health Branch |
| Wpg. | Mr. | Andrew | Loughead | Manitoba Health | Manitoba Health |
| Wpg. | Ms. | Lise | Lacombe | Manitoba Health | French Language Services Coordinator |
| Wpg | Mr. | Clinton | Bertrand | Manitoba Lung Association | |
| Wpg | Dr. | M. | Taylor | Manitoba Medical Association | Chair, Public Health Issues Committee |

| Place | Title | First Name | Last Name | Company | JobTitles |
|---|---|---|---|---|---|
| Wpg. | Mr. | Ronald | Guse | Manitoba Pharmaceutical Association | Registrar |
| Wpg. | Dr. | Morley | Lertzman | Manitoba Thoracic Society, St. Boniface General Hospital | |
| Wpg. | Mr. | Ken | Horsman | Manitoba/Saskatchewan Region, Health Canada | Program Consultant, Health Promotion & Programs Branch |
| Wpg. | Ms. | Karen | McDougall | North Eastman RHA | Health Educator |
| Wpg. | Dr. | Bernadette | Des Marais | Public Health & Epidemiology | Senior Dental Consultant |
| Wpg. | Ms. | Kathleen | Messner | South Eastman RHA | Public Health Nurse |
| Wpg. | Mr. | Tom | Crowter | Special Investigations, Manitoba Finance | Tobacco Enforcement Official |
| Wpg. | Mr. | Jim | Hillier | Special Investigations, Manitoba Finance | Tobacco Enforcement Official |
| Wpg. | Mr. | Kurt | Plett | Wal-Mart | Regional Pharmacy Manager |
| Wpg. | Ms. | Sherry | Mooney | Wellness Institute @ Seven Oaks General Hospital | |
| Wpg. | Dr. | Sande | Harlos | Winnipeg RHA | MOH |
| Wpg. | Ms. | Janice | Meszaros | Workers Compensation Board | |
| Wpg. | Ms. | Eileen | Merrick | Youville Center | |
| The Pas | Ms. | Simone | English | Burntwood RHA | Community Health Nurse |
| The Pas | Ms. | Karen | Serwonka | Burntwood RHA | Health Promotion |
| The Pas | Mr. | Don | Gamache | Community Nurse Resource Center | |
| The Pas | Ms. | Jocelyn | Bruyere | Cree Nation Tribal Health Centre | |
| The Pas | Ms. | Sue | Crockett | Health Promotion, Norman RHA | Education Specialist Team Leader |
| The Pas | Ms. | Marni | McFadden | Heart & Stroke Foundation of MB | Northern Health Promotion Coordinator |
| The Pas | Ms. | Gloria | King | Manitoba Health | Liaison - Health |
| The Pas | Ms | Margot | Gray | NOR-MAN Community Nurse Resource Centre | Nurse Manager |
| The Pas | Ms. | Catherine | Hynes | NOR-MAN Community Nurse Resource Centre | |
| The Pas | Ms. | Jackie | McDonald | NOR-MAN RHA | Smoking Reduction Coordinator |
| The Pas | Ms. | Christa | McIntyre | NOR-MAN RHA | Health Promotion Specialist |
| The Pas | Ms. | Dayna | Hammond | NOR-MAN RHA | Health Promotion Specialist |
| Brandon | Mr. | Bob | Walberg | Addictions Foundation of Manitoba | |
| Brandon | Ms. | Becky | Ericson | Brandon Regional Health Authority | Public Health |
| Brandon | Ms. | Sharon | Young | Brandon Regional Health Authority | Health Promotion Coordinator |
| Brandon | Mrs. | Diane | Granger | Canadian Cancer Society | Manager Programs & Community Development |
| Brandon | Mr. | Murray | Gibson | Canadian Cancer Society, MB Div. | |
| Brandon | Ms. | Maureen | Bonar | City of Brandon | |
| Brandon | Ms. | Jo-Anne | Douglas | Manitoba Lung Association | |

| Place | Title | FirstName | LastName | Company | JobTitles |
|---|---|---|---|---|---|
| Brandon | Mrs. | Sherrill-Lee | Hyra | Marquette Regional Health Authority | Health Promotion Co-ordinator |
| Brandon | Ms. | Pat | Cockburn | Marquette RHA | Vice-President, Programs & Services |
| Brandon | Mr. | Rob | Jaska | Medical Centre Pharmacy | |
| Brandon | Mr. | Marc | Clement | Parkland RHA | Health Educator |
| Brandon | Ms. | Kim | Smith | Prairie Health Matters | |
| Brandon | Ms. | Donna | Epp | Prairie Health Matters | |
| Brandon | Ms. | Merle | Teetaert | South Westman RHA | |
| Brandon | Ms. | Penny | Sorensen | South Westman RHA | Vice-President, Health Services |

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## Working Together for Tobacco Reduction - SURVEY

Thank you for agreeing to attend the upcoming session to assist in developing a Tobacco Reduction Strategy for Manitoba. To make the day as productive as possible, we would like to focus on the strategies that you believe are most important. We would appreciate if you would complete the following survey, which is based on the strategies contained on pages 13 - 17 of the Discussion Paper you received with our recent invitation.

**Please return by fax to 925-8000 by Wednesday, February 9, 2000.**

### POLICY

In the last column, please put a check mark (✓) beside the three policy strategies that you believe are most important. Please put an X beside any strategies which you do not support

| | |
|---|---|
| 1 Create a price policy on tobacco to reduce teen consumption | |
| 2 Harmonize tobacco tax rates between provinces and bordering U.S. states | |
| 3 Increase taxes on fine cut tobacco so that tax on 1 gram of fine cut equals the tax on one cigarette | |
| 4 Lobby the federal government to impose an export tax structured to eliminate price differentials between Canadian domestic and export tobacco products. | |
| 5 Create an enforcement policy that uses funds from tobacco tax revenues to cover costs of enforcement personnel. | |
| 6 Hire additional enforcement officers using funds from annual tobacco budget | |
| 7 Create a funding policy that requires Regional Health Authorities to include tobacco reduction as a core activity in their annual business plans. | |
| 8 Reimburse consumers for the cost of smoking cessation products eg. nicotine gum. Allow smoking cessation products to be sold over-the-counter as opposed to by prescription | |
| 9 Create new Workers Compensation legislation whereby workplaces would be required to have a certain level of smoking regulations to be eligible for workers compensation benefits. | |
| 10 Provide funding incentives to regions and municipalities to develop, implement and enforce by-laws regulating smoking in public places, and restricting youth access to tobacco products | |
| 11 Identify a provincial coordinating body or resource group to assist Regional Health Authorities in developing effective tobacco control strategies | |

LEGISLATION

In the last column, please put a check mark (✔) beside the five legislation strategies that you believe are most important. Please put an X beside any strategies which you do not support.

| | |
|---|---|
| **12 Create an annual minimum secured budget of $7 per capita ($7 million) which recovers the cost of the tobacco strategies from tobacco manufacturers** | |
| 13 Create an even tax on all tobacco products which would equalize tax rates between manufactured cigarettes and cigarette equivalents (roll-your-own tobacco) | |
| **Expand on existing legislation to:** | |
| 14 · Improve tobacco markings on every cigarette package and colour coded by province. | |
| **15 · Require plain packaging** | |
| 16 · Require tobacco manufacturers to adhere to product toxicity standards | |
| **17 · Ban smoking in all public places and workplaces** | |
| 18 · Make it illegal for minors to purchase tobacco products and attach fines for such convicted offences | |
| **19 · Require photo-identification to purchase tobacco products** | |
| 20 · Raise the legal age for purchasing tobacco products to 19 years | |
| **21 · Revise driver's licenses so they have a visibility strip stating "not 19 years until _____"** | |
| 22 · Require all tobacco sales to be in a face-to-face exchange | |
| **23 · Prohibit tobacco sales in hospitals, pharmacies, health facilities, government buildings, places prescribed by regulation** | |
| 24 · Ban vending machines | |
| **25 · Require signs at retail indicating that it is illegal to sell to people under 19 years** | |
| 26 · Require signs at retail providing a health warning, or another message discouraging smoking | |
| **27 · Establish government regulatory authority over package display at retail. Ban counter top displays.** | |
| 28 · Establish regulatory authority to determine product standards | |
| **29 · Ban "slims", "long"/"luxury length", menthol cigarettes, and smokeless tobacco** | |
| 30 · Prohibit tobacco from being sold at sale prices | |
| **31 · Ensure that ticketing can be used as a means to enforce the law** | |
| 32 · Ban candy cigarettes and other imitation tobacco products | |
| **33 · Ban the growing of tobacco except for ceremonial/religious purposes** | |
| 34 Require the Minister of Health to prepare an annual report on the Manitoba government's tobacco control strategies/activities | |
| **35 Adopt legislation that permits litigations against tobacco companies for financial compensation** | |

Appendix 2

## Working Together for Tobacco Reduction - SURVEY

Thank you for agreeing to attend the upcoming session to assist in developing a Tobacco Reduction Strategy for Manitoba. To make the day as productive as possible, we would like to focus on the strategies that you believe are most important. We would appreciate if you would complete the following survey, which is based on the strategies contained on pages 13 - 17 of the Discussion Paper you received with our recent invitation.

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| 3 **Increase taxes on fine cut tobacco so that tax on 1 gram of fine cut equals the tax on one cigarette** | |
| 4 Lobby the federal government to impose an export tax structured to eliminate price differentials between Canadian domestic and export tobacco products. | |
| 5 **Create an enforcement policy that uses funds from tobacco tax revenues to cover costs of enforcement personnel.** | |
| 6 Hire additional enforcement officers using funds from annual tobacco budget | |
| 7 **Create a funding policy that requires Regional Health Authorities to include tobacco reduction as a core activity in their annual business plans.** | |
| 8 Reimburse consumers for the cost of smoking cessation products eg. nicotine gum. Allow smoking cessation products to be sold over-the-counter as opposed to by prescription | |
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| 10 Provide funding incentives to regions and municipalities to develop, implement and enforce by-laws regulating smoking in public places, and restricting youth access to tobacco products | |
| 11 **Identify a provincial coordinating body or resource group to assist Regional Health Authorities in developing effective tobacco control strategies** | |

LEGISLATION

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|---|---|
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| 13 Create an even tax on all tobacco products which would equalize tax rates between manufactured cigarettes and cigarette equivalents (roll-your-own tobacco) | |
| **Expand on existing legislation to:** | |
| 14 · Improve tobacco markings on every cigarette package and colour coded by province. | |
| **15 · Require plain packaging** | |
| 16 · Require tobacco manufacturers to adhere to product toxicity standards | |
| **17 · Ban smoking in all public places and workplaces** | |
| 18 · Make it illegal for minors to purchase tobacco products and attach fines for such convicted offences | |
| **19 · Require photo-identification to purchase tobacco products** | |
| 20 · Raise the legal age for purchasing tobacco products to 19 years | |
| **21 · Revise driver's licenses so they have a visibility strip stating "not 19 years until _____"** | |
| 22 · Require all tobacco sales to be in a face-to-face exchange | |
| **23 · Prohibit tobacco sales in hospitals, pharmacies, health facilities, government buildings, places prescribed by regulation** | |
| 24 · Ban vending machines | |
| **25 · Require signs at retail indicating that it is illegal to sell to people under 19 years** | |
| 26 · Require signs at retail providing a health warning, or another message discouraging smoking | |
| **27 · Establish government regulatory authority over package display at retail. Ban counter top displays.** | |
| 28 · Establish regulatory authority to determine product standards | |
| **29 · Ban "slims", "long"/"luxury length", menthol cigarettes, and smokeless tobacco** | |
| 30 · Prohibit tobacco from being sold at sale prices | |
| **31 · Ensure that ticketing can be used as a means to enforce the law** | |
| 32 · Ban candy cigarettes and other imitation tobacco products | |
| **33 · Ban the growing of tobacco except for ceremonial/religious purposes** | |
| 34 Require the Minister of Health to prepare an annual report on the Manitoba government's tobacco control strategies/activities | |
| **35 Adopt legislation that permits litigations against tobacco companies for financial compensation** | |

## INDUSTRY ACCOUNTABILITY

In the last column, please put a check mark (✔) beside the two industry accountability strategies that you believe are most important. Please put an X beside any strategies which you do not support

| | |
|---|---|
| **36 Charge tobacco manufacturers an annual licencing fee to cover the cost of the tobacco strategies** | |
| 37 Create a differential tax which would tax tobacco products differently depending on the level of harmful or addictive substances contained in the products | |
| **38 Require tobacco manufacturers and distributors to file reports on sales volumes, marketing expenditures, marketing activities and studies, other research studies, product ingredients and emissions and lists of retailers** | |
| 39 Establish regulatory authority over advertising, promotions, sponsorships, constituent reporting and product control. | |

## PROGRAMS AND SERVICES

In the last column, please put a check mark (✔) beside the four program and service strategies that you believe are most important. Please put an X beside any strategies which you do not support.

| | |
|---|---|
| **40 Host an annual tobacco control strategies conference to share successes & new research** | |
| 41 Promote existing school smoking prevention programs that meet most of the efficacy criteria or develop appropriate programs. | |
| **42 Develop and evaluate resource materials to fill the gaps in the existing school smoking prevention programs and to meet the needs of various priority groups** | |
| 43 Offer training opportunities for resource people who will implement school-based programs to ensure effective & proper implementation | |
| **44 Ensure effective program implementation by:** | |
| · Promoting actively tobacco use prevention programs | |
| · **Training properly appropriate health and education professionals and/or community people professionals** | |
| · Ensuring sufficient and appropriate resources | |
| · **Ensuring sufficient time in existing school curricula** | |
| 45 Design comprehensive educational and environmental approaches to create schools that promote and sustain non-smoking | |
| **46 Develop culturally appropriate prevention and cessation programs for communities by community groups** | |
| 47 Ensure that school-based tobacco programs fit under a comprehensive school health umbrella, addressing curricula instruction, support services for schools, students and families, social sup port, and a healthy environment | |
| **48 Develop cessation programs and services geared to young teens who have only smoked a short time and may have more success quitting** | |
| 49 Offer effective cessation programs in schools, workplaces and communities for students, employ ees and the general public | |

| | |
|---|---|
| 50 Reinforce cessation efforts in the workplace by subsidizing course fees, offering in-house cessation programs or subsidizing employees to attend community-based cessation programs | |
| **51 Train health care workers such as physicians, dentists, public health nurses, nutritionists and physiotherapists, in assessing tobacco use as a routine part of patient care and then providing referral, or counselling, or prescription medications.** | |
| 52 Provide funding to physicians for assessment, referral and counselling on tobacco use. | |
| **53 Establish a health care program to actively track patients' smoking and provide educational materials to people wanting to quit** | |
| 54 Create a provincial toll-free Quitline for smokers who require information on available, local resources, and counselling services. | |
| **55 Offer partial PharmaCare coverage to smokers on cessation prescription medications** | |
| 56 Offer Community Grants to regions/communities to support the development, delivery, and evaluation of school-based and community-based approaches to tobacco control | |

## MEDIA AND COMMUNICATIONS

In the last column, please put a check mark (✔) beside the two media and communication strategies that you believe are most important. Please put an X beside any strategies which you do not support.

| | |
|---|---|
| **57 Advocate with all tobacco control stakeholders to include tobacco control strategies in their business plans** | |
| 58 Create a unifying logo that links participating stakeholders' activities and provides a common message | |
| **59 Use the mass media to market tobacco prevention and cessation programs, and engage in an education campaign to discourage smoking** | |
| 60 Use existing formal and informal networks to communicate tobacco control successes and failures | |
| **61 Provide support networks and communication links for all stakeholders and communities which increase capacity-building of a sustainable nature** | |
| 62 Conduct media campaigns regularly targeting priority groups on prevention, protection and cessation | |
| **63 Encourage families to have smoke-free homes** | |
| 64 Disseminate findings on effective tobacco control programs and services for priority groups in various sites in Manitoba | |

## EVALUATION & RESEARCH

In the last column, please put a check mark (✔) beside the two evaluation and research strategies that you believe are most important. Please put an X beside any strategies which you do not support

| | |
|---|---|
| **65 Establish a set of information requirements to guide the collection and use of tobacco-related data in Manitoba** | |
| 66 Develop evaluation frameworks for both process and outcomes evaluations at the provincial, regional and community levels | |

## INDUSTRY ACCOUNTABILITY

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| | |
|---|---|
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## EVALUATION & RESEARCH

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| **65 Establish a set of information requirements to guide the collection and use of tobacco-related data in Manitoba** | |
| 66 Develop evaluation frameworks for both process and outcomes evaluations at the provincial, regional and community levels | |

| | |
|---|---|
| **67 Undertake regular and comprehensive surveillance evaluation to monitor the tobacco use prevalence and consumption in Manitoba** | |
| 68 Establish evaluation as a criterion for receipt of provincial funding for tobacco control strategies | |
| **69 Develop a standardized questionnaire to conduct school health audits on youth health-related behaviours, including tobacco use, to monitor youth behaviour changes and to guide intervention strategies** | |
| 70 Conduct research to establish baselines to monitor: | |
| *** Youth attitudes and behaviours related to tobacco use** | |
| * Public awareness about tobacco and laws regulating smoking | |
| *** Enforcement of legislation provincially** | |
| * Effectiveness of prevention and cessation programs | |
| *** Health care workers counselling of patients on cessation** | |
| * All municipalities in Manitoba to assess existing legislation to regulate smoking and its enforcement | |
| *** Effectiveness of protective measures (ie. legislation)** | |
| 71 Fund evaluation and research of school-based and community-based tobacco control programs | |
| **72 Establish a set of standardized measures by which tobacco control programs and services may be monitored and evaluated.** | |

THANK YOU!

| | |
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| 68 Establish evaluation as a criterion for receipt of provincial funding for tobacco control strategies | |
| 69 Develop a standardized questionnaire to conduct school health audits on youth health-related behaviours, including tobacco use, to monitor youth behaviour changes and to guide intervention strategies | |
| 70 Conduct research to establish baselines to monitor: | |
| * Youth attitudes and behaviours related to tobacco use | |
| * Public awareness about tobacco and laws regulating smoking | |
| * Enforcement of legislation provincially | |
| * Effectiveness of prevention and cessation programs | |
| * Health care workers counselling of patients on cessation | |
| * All municipalities in Manitoba to assess existing legislation to regulate smoking and its enforcement | |
| * Effectiveness of protective measures (ie. legislation) | |
| 71 Fund evaluation and research of school-based and community-based tobacco control programs | |
| 72 Establish a set of standardized measures by which tobacco control programs and services may be monitored and evaluated. | |

THANK YOU!

Appendix 3

## Working Together for Tobacco Reduction

**Wednesday, February 16, 2000**

**8:30 a.m. to 4:00 p.m.**

**Norwood Hotel**

## AGENDA

| | |
|---|---|
| 8:30 a.m. | Registration |
| 9:00 | Welcome |
| | Greetings from Province of Manitoba - Dr. Greg Hammond |
| | Review of Session Objectives |
| | Overview of Discussion Paper - Dexter Harvey |
| | Introductions in groups |
| 9:45 | **Part 1 - DETERMINING THE PRIORITY INITIATIVES** |
| | A. Policy |
| 10:05 | **BREAK** |
| | B. Legislation |
| | C. Industry Accountability |
| | **GROUP REPORTS on A, B, C** |
| | D. Programs & Services |
| | E. Media & Communications |
| | F. Research & Evaluation |
| | **GROUP REPORTS on D, E, F** |
| 12:15 | **LUNCH** |
| 1:00 | **PRIORITIES REPORT** |
| | **Part 2 - STRATEGIES TO ACHIEVE THE PRIORITY INITIATIVES** |
| | · Policy - Tables 1 & 5<br>· Legislation - Tables 3 & 4<br>· Research & Evaluation - Table 2 |
| | **GROUP REPORTS** |
| | · Programs & Services - Tables 1 & 5<br>· Industry Accountability - Tables 2 & 3<br>· Media & Communications - Table 4 |
| | **GROUP REPORTS** |
| 3:10 | **BREAK** |
| 3:20 | Closing Session |
| 4:00 p.m. | Adjournment |

## Working Together for Tobacco Reduction

**Wednesday, February 23, 2000**

**8:30 a.m. to 4:00 p.m.**

**Royal Oak Inn, Brandon MB**

## AGENDA

| | |
|---|---|
| 8:30 a.m. | Registration |
| 9:00 | Welcome |
| | Review of Session Objectives |
| | Overview of Discussion Paper - Dexter Harvey |
| | Introductions in groups |
| **9:45** | **Part 1 - DETERMINING THE PRIORITY INITIATIVES** |
| | A. Policy |
| | B. Legislation |
| 10:35 | **BREAK** |
| 10:50 | C. Industry Accountability |
| | D. Programs & Services |
| | E. Media & Communications |
| | F. Research & Evaluation |
| 12:30 | **LUNCH** |
| 1:15 | **PRIORITIES REPORT** |
| | **Part 2 - STRATEGIES TO ACHIEVE THE PRIORITY INITIATIVES** |
| | · Policy - Table 1<br>· Legislation - Table 2<br>· Industry Accountability - Table 3 |
| | **GROUP REPORTS** |
| | · Programs & Services - Tables 1<br>· Media & Communications - Table 2<br>· Evaluation & Research - Table 3 |
| | **GROUP REPORTS** |
| 3:00 | **BREAK** |
| 3:15 | Closing Session |
| 4:00 p.m. | Adjournment |

## Working Together for Tobacco Reduction

**Wednesday, March 1, 2000**

**9:30 a.m. to 4:30 p.m.**

**Kikiwak Inn, The Pas MB**

## AGENDA

| | |
|---|---|
| 9:30 a.m | Welcome |
| | Review of Session Objectives |
| | Overview of Discussion Paper - Dexter Harvey |
| | Introductions in groups |
| 10:15 | **Part 1 - DETERMINING THE PRIORITY INITIATIVES** |
| | A. Policy |
| | B. Legislation |
| 11:00 | **BREAK** |
| 11:15 | C. Industry Accountability |
| | D. Programs & Services |
| | E. Media & Communications |
| | F. Research & Evaluation |
| 1:00 | **LUNCH** |
| 1:45 | **PRIORITIES REPORT** |
| | **Part 2 - STRATEGIES TO ACHIEVE THE PRIORITY INITIATIVES** |
| | · Policy - Table 1<br>· Legislation - Table 2<br>· Industry Accountability - Table 3 |
| | **GROUP REPORTS** |
| | · Programs & Services - Tables 1<br>· Media & Communications - Table 2<br>· Evaluation & Research - Table 3 |
| 3:10 | **BREAK** |
| 3:25 | **GROUP REPORTS** |
| 3:45 | Closing Session |
| 4:30 p.m. | Adjournment |

# SPECIFIC STRATEGIES

This appendix gives an indication of the level of support for priority initiatives and records the brainstorming which took place at the regional meetings on strategies to achieve these initiatives.

## POLICY

Of the eleven initiatives in the discussion paper, six were presented at the regional meetings. Greatest support was expressed for:

1. Provide funding incentives to regions and municipalities to develop, implement and enforce by-laws regulating smoking in public places, and restricting youth access to tobacco products.
   (selected in top two by all regions)
2. Identify a provincial coordinating body or resource group to assist Regional Health Authorities in developing effective tobacco control strategies.
   (selected in top three by all regions and in survey)
3. Create a price policy on tobacco to reduce teen consumption.
   (selected in top three by two regions and # 4 in survey)

Another initiative - "create a funding policy that requires RHAs to include tobacco reduction as a core activity in their annual business plans" - was seen by some as being included under # 1 and by others as being a distinct initiative.

### Strategies

#### Coordinating Body (#2)

- Form resourced coordinating body consisting first since this group will provide the infrastructure needed to act on all strategies.
- Coordinating body should consist of private sector, intergovernmental representation, special interest groups, health and recreation reps who would partner with RHAs.
- CTFM is not resourced, is too fragmented and does not have decision making ability - coordinating body needs more strength.

#### By-Laws (#1)

- Research what by-laws already exist and aspire to adopt the highest standards.
- Take advantage of interprovincial connections. eg. B.C., Toronto are more advanced, we can learn from them. There may also be examples in other countries. Don't expend resources reinventing what already exists.
- Lobby government to provide the dollars which will be required to fund the development, implementation and enforcement of pertinent by-laws.
- When seeking change, positive message is important - "protecting health" instead of "protecting rights". Don't forget the voice of children.
- Need to identify allies and involve "movers and shakers" eg. political leaders, community groups, that will help get tobacco on the public agenda. Need to consider how we can bring on board other supporters.
- Manitoba Health and RHAs need to recognize tobacco reduction as a core initiative/activity.
- Provide research that demonstrates that tobacco reduction directly reduces health care costs over the long term.

### Price Policy (#3)

- Requires change in legislation - need to lobby health and finance dept. re: benefit of increasing price to reduce teen use.
- Support Senator Kenny's bill
- Understand the relationship between teen smoking and price.
- Develop an economic argument for the true costs of tobacco use.
- Seek legal counsel as to barriers and process on how to change/write policy.
- Establish sub-committee to take lead role in policy draft.
- Ensure grassroots and community are involved.
- Earmark the dollars accrued from the price policy to prevention and cessation. programs. Establish process for communities to access and use dollars.
- Communicate with other provinces and U.S. re consistency in pricing policy ie. phased in approach.
- Who leads - no one organization - need to form a new group of resource rich decision makers and would include Manitoba Health.
- Local organizations can make a commitment but requires dedicated human resources.

## LEGISLATION

Of the 24 initiatives in the discussion paper, six were presented at the regional meetings. Greatest support was expressed for:

1. Ban smoking in all public places and work places.
   (selected as # 1 in all regions and in survey)
2. Make it illegal for minors to purchase tobacco products and attach fines for such convicted offences.
   (selected in top 3 by two regions and # 4 in survey)

   (Note: recommended that "purchase" be replaced by "possess", recognizing that many children get others to purchase tobacco for them.)
3. Prohibit tobacco sales in hospitals, pharmacies, health facilities, government buildings, places prescribed by regulation
   (selected in top 3 by two regions and # 5 in survey)
4. Adopt legislation that permits litigations against tobacco companies for financial compensation.
   (selected in top 3 by two regions and # 2 in survey)
5. Require the Minister of Health to prepare an annual report on the Manitoba government's tobacco control strategies/activities.
   (selected # 3 by one region and # 3 in survey)

As "ban smoking in all public places and work-places" was the top priority in all regions, the strategies all pertain to that initiative.

### Strategies

- Identify the current status of WCB, municipal and provincial legislation as it pertains to smoking.
- Consult with other jurisdictions re: their legislation with respect to banning smoking in public places and workplaces.
- Determine whether a top down or grassroots approach is appropriate ie. is it better to pursue provincial legislation or municipal by-laws. May be easier to get certain municipalities on side and expand from there. On the other hand, a provincial ban could be helpful to municipalities who may have more difficulty dealing with local sensitivities to banning smoking. (A provincial focus seemed to be the preferred approach.)
- Could invoke ban throughWorkers Compensa tion regulation affecting all workplaces - message is protection of all employees, not restricting smokers
- Conduct a survey of public attitudes towards an outright ban and second-hand smoke. (Winnipeg has done one - widely disseminate findings on support for by-law.)
- Get commitment for enforcement of current by-laws.

- Challenge jurisdictions to adopt/enforce existing policies promoting "quality of life". (Allowing smoking is contrary to "quality of life" of the majority.)
- Expand existing legislation by increasing the areas covered by a ban eg. casinos as well as outdoor venues. Ban could be done incre mentally over extended time-frame.
- Need a campaign to garner support for a ban.
- Increase understanding of the effects of ETS.
- Develop positive messages - including the need to protect children and employees, impact of smoking on productivity. Make it a workplace/health care issue rather than a rights issue.
- Identify champions - leaders and advocates of banning smoking.
- There needs to be an overall provincial champion - nobody presently "owns" smoking.
- Need a coordinated grassroots organization dedicated and motivated to influence politicians.
- Need political support of all parties, specifically the party in power.
- Get information to policy-makers.
- Canvas politicians who are our allies.
- Identify non-supporters - who needs to be targeted for further education/communication.
- Promote letter-writing and phone-call campaign in support of smoking ban.
- Promote use of Community Action Kits offered by some NGOs.
- Media attention to the issue required.
- Legislation has to be realistic and enforceable.
- Who should be involved - it must be multi-disciplinary with high credibility - could include non-profits/NGOs, physicians and nurses, ex-smokers, former tobacco industry reps, children, unions (very powerful voice in workplaces). Distinguish between mobilizers (those seeking change) and policy-makers (those who effect change)
- What can we do - there is opportunity to contribute funds, serve a coordinating role in communities and apply pressure to decision - makers; build on healthy communities, raise local awareness, be well versed on the issues, get the message to municipal councillors, fire people up!
- Resources are needed to research what has been done in other jurisdictions, survey our constituents, and provide manpower that would undertake planning necessary to introduce a smoking ban.
- In terms of gaps, it's not clear what the level of political will is especially at the municipal level. Sometimes smoking is more difficult to address in smaller communities. There is no provincial champion, lack of a clear mandate and splintering of the message.
- Need to prepare for negative reaction from smokers - help front-line people deal with that negative reaction - perhaps learn from the airline industry?

## INDUSTRY ACCOUNTABILITY

Of the four initiatives in the discussion paper, three were presented at the regional meetings and all garnered support.

1. Charge tobacco manufacturers an annual licencing fee to cover the cost of the tobacco strategies.
   (selected in top 2 by all regions and # 1 in survey)
   (Note: recommended that "licencing" be replaced by "levy" or "tax". Concern expressed that "licencing" legitimizes the activity.)
2. Establish regulatory authority over advertising, promotions, sponsorships, constituent reporting and product control.
   (selected in top 2 by all regions and # 2 in survey)
3. Require tobacco manufacturers and distribu tors to file reports on sales volumes, marketing expenditures, marketing activities and studies, other research studies, product ingredients and emissions and lists of retailers.
   (selected as # 3 by all regions and # 3 in survey)
   (Note: suggestion that there be independent third party involvement with reporting)

### Strategies

#### Levy

- Must be a strong lobby to build support for the concept of a levy and greater regulatory authority. Establish one voice with appropriate resources to speak for all stakeholders.
- Obtain legal opinion on the feasibility of establishing a levy.
- Need to determine how a levy would be charged eg. on a per package basis or other
- B.C. legislation is one possible model.
- Avoid image of a tax grab.

#### Regulatory Authority & Control

- Identify what regulatory authority and controls are already in place at the federal and provincial level and work with the province to address the gaps.

#### Industry Reporting

- Clearly address what reporting is necessary and what will be done with the reports - there must be the means to work with the information when it is filed.
- Link with national and international organizations - there are lots who have done this before us.

## PROGRAMS AND SERVICES

Of the 17 initiatives in the discussion paper, nine were presented at the regional meetings. Greatest support was expressed for:

1. Ensure effective program implementation by:
   - Promoting tobacco use prevention programs
   - Training health and education professionals and/or community people
   - Ensuring sufficient and appropriate resources
   - Ensuring sufficient time in existing school curricula

   (selected in top 2 by all regions and # 1 in survey)
2. Offer Community Grants to regions/ communities to support the development, delivery, and evaluation of school-based and community-based approaches to tobacco control.
   (selected in top 2 by all regions and # 2 in survey)
3. Ensure that school-based tobacco programs fit under a comprehensive school health umbrella, addressing curricula instruction, support services for schools, students and families, social support, and a healthy environment.
   (selected # 3 by two regions and # 5 in survey)
4. Develop culturally appropriate prevention and cessation programs for communities by community groups.
   (selected # 3 by one region and # 9 in survey)
5. Offer effective cessation programs in schools, workplaces and communities for students, employees and the general public.
   (selected # 3 by one region and # 8 in survey)

   (Note: suggestion was made that # 4 could become a bullet of # 1 and that it be expanded to "culturally and gender appropriate")

## Strategies

- Research/scan existing programs and determine if they have been evaluated for effectiveness.
- A comprehensive planning process is necessary to determine what is now being done, inventory of available services and a plan to address the gaps.
- Identify criteria of, and inventory of "Best Practices" programs.
- More networking opportunities on what programs are available.
- Need to reflect programs and services of key stakeholders eg. RHAs, community schools, District Health Advisory Council, Addictions, NGOs, municipalities, unions, Healthy Communities as examples.
- Identify who are the target groups. Determine outcomes by identifying and working with target groups.
- Understand and address root causes - smoking is an 'indicator' of something else.
- Need to recognize regional differences - regional needs and priorities would dictate what programs are offered.
- In the case of schools, there are time limitations - what is in school curricula on smoking now can get pushed out because of lack of time. Information re: smoking needs to be reinforced throughout the year. May require liaison between Manitoba Health and Dept. of Education.
- School successes should be shared; promote "Smoke-Free Schools"
- Build in outside resources/supports that can assist schools in delivering non-core programs (recognizing the pressures on schools, teachers can't do it all)
- RHAs should take the lead. Needs to be a partnership between RHAs and NGOs.
- Local employees can play a role by advocating to management and Board what is needed. More support for transferring dollars from acute care to prevention activities.
- Programs and services must be evaluated - not all are effective and should be continued. There needs to be a mechanism, however, to maintain funding for programs that are showing results.
- Regarding community grants, the question was asked "who do we mobilize to apply for grants?" A problem exists in that "nobody is in charge of tobacco. Tobacco fits everywhere but it's not designated to anyone." Also need to identify who can supply grants. Once these questions are addressed, a plan would need to be prepared by the community for submission to the granting body. If grants existed, it could be an impetus for a group to pull together.

## MEDIA AND COMMUNICATIONS

Of the eight initiatives in the discussion paper, four were presented at the regional meetings and all garnered support

1. Use the mass media to market tobacco prevention and cessation programs, and engage in an education campaign to discourage smoking.
   (selected in top 3 in all regions and # 1 in survey)
2. Provide support networks and communication links for all stakeholders and communities which increase capacity-building of a sustainable nature.
   (selected in top 3 in all regions and tied for # 3 in survey)

   Note: Suggested wording change - Provide support networks and communication links to sustain tobacco reduction.
3. Conduct media campaigns regularly targeting priority groups on prevention, protection and cessation
   (selected in top 3 in two regions and # 2 in survey)

4. Encourage families to have smoke-free homes.
(selected in top 3 in one region and tied for # 3 in survey)

## Strategies

### Media

- Appreciation that there are two types of media - earned (free) and paid.
- Need to understand the goals, identify target audience, develop appropriate messages and determine type of medium.
- Look at effective campaigns from elsewhere - eg. use commercials from U.S. and other provinces - tap into existing resource material.
- Develop networks of national/provincial/local connections with technology infrastructure.
- Messages need to be prepared in advance and consistent and communicated by champions.
- Use all media - T.V., newspaper, radio, even screen savers in schools.
- Use prominent people as spokespersons.
- Ensure messages are culturally appropriate.
- Get media on board - have them as an advocate - get them on side with the issue
- Less "attacking" messages, more positive messages (no point in antagonizing tobacco companies who are also customers of the media)
- Use professional PR people.
- Leaders would include those with funds or access to funds, health organizations and partners, media partners, insurance companies, pharmaceutical companies.
- Need to involve grassroots supporters and allied health professionals to back issues needing support.
- Look at other available resources - especially in-kind - people, printing etc. Have Province provide basic program that could be adapted by regions.
- What can we do - develop information campaigns, write articles for newspapers, blitz the media, gather organizational support, help develop catchy slogans/ PSAs, inform people of tactics of tobacco companies (eg. Operation ID), keep momentum up.
- Gaps - how to tap into media frequented by children - eg. Much Music, TSN

### Networks

- Develop support networks around the Province.
- Provide central clearing house/resource center for tobacco eg. website so that information could be accessed when needed.
- Organize under comprehensive tobacco control strategy components
- Policy & Legislation
- Industry
- Programs & Services
- Media & Communications
- Evaluation & Research
- Recruit local resources to network around strategy.
- Coordinate resources to local activities - we are somewhat reactive now, we need to make news.
- Utilize outside resources (eg. Richard Stanwick)
- Gaps - dollars for coordinating body and leadership team, dollars to establish and sustain networks. It was suggested that $200,000- $250,000 would be required. The 1% solution was offered - $110 million is collected from tobacco taxes - 1% of that would provide a base for a comprehensive tobacco control strategy.

## EVALUATION AND RESEARCH

Of the eight initiatives in the discussion paper, four were presented at the regional meetings. Greatest support was expressed for:

1. Conduct research to establish baselines to monitor:
   - Youth attitudes and behaviours related to tobacco use
   - Public awareness about tobacco and laws regulating smoking
   - Enforcement of legislation provincially
   - Effectiveness of prevention and cessation programs
   - Health care workers counselling of patients on cessation
   - All municipalities in Manitoba to assess existing legislation to regulate smoking and its enforcement
   - Effectiveness of protective measures (ie. legislation)

   (selected in top 3 in all regions and # 1 in survey)
2. Develop evaluation frameworks for both process and outcomes evaluations at the provincial, regional and community levels.

   (selected in top 3 in all regions and # 4 in survey)
3. Establish a set of standardized measures by which tobacco control programs and services may be monitored and evaluated.

   (selected in top 3 in all regions and # 3 in survey)

### Strategies

- Need to determine what are our information needs, what are the evaluation questions, who will fund and who will do the research and evaluation.
- Need to decide what we will accept as evidence of outcomes of successful progress.
- Baselines needed to support evidenced based decision making in tobacco control.
- Discussion re: necessity for research on baselines - some thought the information is already available, others thought it may not be up to date.
- Literature review.
- Coordination with existing research organizations.
- Needs to be a steering committee of the overall coordinating body with expertise in areas like policy, advocacy, schools, which would serve as advisory, develop terms of reference, administer contracts.